

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		3				
8		3				
9		3				
10		1				
11		1				
12		1				
13		3				
14		3				
15		3				
16	1					
17	1					
18	1	1				
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20	1	1				
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27		1				
28		3				
29		3				
30		3				
31		1				
32		1				
33		1				
34		3				
35		3				
36		3				
37	1					
38		3				
39	1					
40		3				
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45						
46						
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49						
50						
TOTAL IND.	9					
TOTAL DEP.	60					
TOTAL CLAIMS	69					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						